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APPLICANTS

Peter Kamvysselis, Boston, MA;

** CONTINUING DATA ***** *KOS*

** FOREIGN APPLICATIONS ***** *KOS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>KOS</i> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 6
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ADDRESS
 26339
 PATENT GROUP
 CHOATE, HALL & STEWART
 EXCHANGE PLACE, 53 STATE STREET
 BOSTON, MA
 02109

TITLE
 SRDF assist

FILING FEE RECEIVED 2306	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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